

Other Medical Expenses (OM) Section

Beta

BOX 01A

IF ROUND 3, CONTINUE WITH BOX_01B
OTHERWISE, GO TO BOX_01

BOX 01B

IF OM ITEM TYPE IS GLASSES/CONTACT LENSES, CONTINUE WITH OM01A
OTHERWISE, GO TO BOX_01

OM01A

Help Enabled

Comment Enabled

Jump Back Enabled

Variable Name	Label	Size
EVNT.NOGLSLYR	NUMBER OF TIMES GLASSES OBTAINED LAST YR	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

Of the times (PERSON) obtained glasses or contact lenses since (START DATE), how many were during 2007?

NUMBER OF TIMES: _____ {OM01B}

Refused RF {OM01B}

Don't Know DK {OM01B}

OM01B

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVNT.NOGLSCYR	NUMBER OF TIMES GLASSES OBTAINED THIS YR	2

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

Of the times (PERSON) obtained glasses or contact lenses since (START DATE), how many were during 2008?

NUMBER OF TIMES: _____

Refused

RF

Don't Know

DK

ROUTING INSTRUCTION:
IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN ASKED FOR THE
EVENT BEING ASKED ABOUT, GO TO THE CP SECTION.
OTHERWISE, GO TO EVENT DRIVER (ED) SECTION.

BOX 01

IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC EQUIPMENT OR SUPPLIES, GO
TO OM02
OTHERWISE, CONTINUE WITH OM01

OM01

Help Enabled Comment Enabled Jump Back Enabled

{PERSON'S FIRST MIDDLE AND LAST NAME}

NOTE:

NO UTILIZATION SECTION IS REQUIRED FOR {GLASSES OR CONTACT LENSES/AMBULANCE SERVICES/ORTHOPEDIC ITEMS/HEARING DEVICES/PROSTHESES/BATHROOM AIDS/MEDICAL EQUIPMENT/DISPOSABLE SUPPLIES/ALTERATIONS OR MODIFICATIONS/{TEXT FROM OTHER SPECIFY}}.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

| DISPLAY INSTRUCTIONS:
| DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT TYPE IS OM AND
| ITEM TYPE IS CODED '1' (GLASSES OR CONTACT LENSES.) DISPLAY
| 'AMBULANCE SERVICES' IF EVENT TYPE IS OM AND ITEM TYPE IS
| CODED '4' (AMBULANCE SERVICES). DISPLAY 'ORTHOPEDIC ITEMS' IF
| EVENT TYPE IS OM AND ITEM TYPE IS CODED '5' (ORTHOPEDIC
| ITEMS). DISPLAY 'HEARING DEVICES' IF EVENT TYPE IS OM AND ITEM
| TYPE IS CODED '6' (HEARING DEVICES). DISPLAY 'PROSTHESES' IF
| EVENT TYPE IS OM AND ITEM TYPE IS CODED '7' (PROSTHESES).
| DISPLAY 'BATHROOM AIDS' IF EVENT TYPE IS OM AND ITEM TYPE IS
| CODED '8' (BATHROOM AIDS). DISPLAY 'MEDICAL EQUIPMENT' IF
| EVENT TYPE IS OM AND ITEM TYPE IS CODED '9' (MEDICAL
| EQUIPMENT). DISPLAY 'DISPOSABLE SUPPLIES' IF EVENT TYPE IS OM
| AND ITEM TYPE IS CODED '10' (DISPOSABLE SUPPLIES). DISPLAY
| 'ALTERATIONS OR MODIFICATIONS' IF EVENT TYPE IS OM AND ITEM
| TYPE IS CODED '11' (ALTERATIONS/MODIFICATIONS). FOR 'TEXT FROM
| OTHER SPECIFY', DISPLAY THE TEXT ENTERED IN THE OTHER SPECIFY
| FIELD FOR OM EVENTS WHEN OM ITEM TYPE IS CODED '91' (OTHER).
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| ROUTING INSTRUCTION:
| IF THE CHARGE PAYMENT (CP) SECTION HAS NOT BEEN ASKED FOR THE
| EVENT BEING ASKED ABOUT, GO TO THE CHARGE PAYMENT (CP) SECTION.
|
OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION.

OM02

Help Enabled Comment Enabled Jump Back Enabled

{PERSON'S FIRST MIDDLE AND LAST NAME}

NOTE:

{INSULIN/OTHER DIABETIC EQUIPMENT OR SUPPLIES} WILL BE PROCESSED LIKE A PRESCRIBED MEDICINE.

AT THIS TIME, NO UTILIZATION OR CHARGE/PAYMENT SECTION WILL BE ASKED.

PRESCRIBED MEDICINE QUESTIONS AND CHARGE/PAYMENT DATA WILL BE COLLECTED LATER.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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| DISPLAY INSTRUCTIONS:  
| DISPLAY 'INSULIN' IF OM ITEM TYPE BEING ASKED ABOUT IS  
| INSULIN.  
|  
| DISPLAY 'OTHER DIABETIC EQUIPMENT OR SUPPLIES' IF OM TYPE  
| BEING ASKED ABOUT IS OTHER DIABETIC EQUIPMENT OR SUPPLIES.  
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| PROGRAMMER NOTES:  
| FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS 'PROCESSED'.  
| INSULIN AND OTHER DIABETIC EQUIPMENT AND SUPPLIES WILL BE  
| PROCESSED THROUGH THE CHARGE PAYMENT (CP) SECTION AS  
| PRESCRIBED MEDICINES.  
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| ROUTING INSTRUCTION:  
| Routing Instructions: Go to Box_02  
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BOX 02

[GO TO THE EVENT DRIVER (ED) SECTION.]
